EFFICACY OF JASMIN OIL ON BACKPAIN AMONG PRIMIGRAVIDA MOTHERS AT SELECTED HOSPITALS IN UTTAR PRADESH.

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Introduction

The discomfort connected with childbirth can be attributed to the childbirth experience. It is the aspect of childbirth that the expecting mother fears the most. Because pain is synonymous with suffering, it should be eradicated in order to eradicate suffering. A nearly infinite number of pharmaceutical treatments are used to alleviate discomfort, which has a harmful effect on both the mother and the fetus's health. Massage is an exceedingly powerful method of advancing labor and provides a variety of physical and emotional benefits. Relaxation is facilitated by your partner or a member of the delivery team providing aromatherapy massage. The oils provide both skin care and therapeutic advantages. Women who had received skilled massage during labor indicated that it was beneficial and pain relieving. Since the dawn of mankind, there has been an interest in the topic of pain and its mitigation for women during childbirth. Pharmaceuticals are used to alleviate pain associated with childbirth. To avoid early pharmaceutical pain management, alternative, non-pharmacologic pain management strategies should be introduced into nursing care. Massages are one of the most effective non-pharmacological treatments available during the late stages of labor. It may have a number of beneficial effects, including reducing pain, relieving muscle spasms, and calming both the muscles and the brain. Regardless of whether she is experiencing back ache, a back massage always makes her feel better.

Jasmine oil is one of the essential oils used during labor. Jasmine is an excellent essential oil for labor since it relieves pain and spasms and strengthens contractions. According to reports, stimulating the lower back with jasmine, clary sage, rose, and lavender helps some women feel more comfortable during birth. These endorphins act as natural painkillers and mood enhancers. Massage is recommended for women in the first stage of labor since it has been shown to reduce pain and anxiety and result in shorter labors. Additionally, it helps reduce the risk of postpartum depression.

Methodology

The study employed a quasi-experimental design, with the test group serving as the control group. In Uttar Pradesh, the study employed evaluative research. a variation on Wiedenbach's philosophy of clinical nursing The study sampled one hundred primi mothers. A convenient sampling approach was used to serve both the control and experimental groups. The samples were collected by convenient sampling, with 50 for the experimental groups and 50 for the control groups. On distinct days, samples were taken from the control and experimental groups. Daily, a certain number of samples were selected for the experimental group. The investigator introduced the audience to preliminary mothers.
To compare the effects of the experimental and control groups, a visual analogue scale was employed to quantify the effect of low back pain, and measures of the mother's fetomaternal parameters were taken. In the experimental group, the Jasmine oil massage was conducted on both sides three times for ten minutes every hour using ten milliliters of Jasmine oil as treatment. After applying Jasmine oil to the back, a 15-minute post-test was conducted. The first group of primiparous women received routine medical treatment beforehand, and then the post-test was performed one hour later. Finally, using a rating scale, a post-test satisfaction rating for Jasmine oil-based back massage was calculated for the experimental group. To summarize the acquired data, descriptive and inferential statistics were used.

Conclusions and discussion

The study's findings indicated that the majority of primiparous women (70%) were between the ages of 18 and 25, while 30% were between the ages of 26 and 30. 70% of mothers in the control group were between the ages of 18 and 25, whereas only 40% were between the ages of 26 and 30. In aggregate, approximately three-quarters of mothers in the experimental group expressed satisfaction with their children's education.

Around half (50%) had completed high school, about a third (30%) were illiterate, approximately a tenth (10%) had completed high school, and the remaining tenth (10%) had completed just primary school. Only 40% of control group mothers had an elementary education, 16% had a secondary education, 14% were illiterate, and 30% had graduate or professional degrees. The majority (57%) of mothers in the experimental group lived in rural areas, while the minority (43%) lived in cities. Nearly half (47%) of mothers in the control group were rural, while nearly half (47%) were urban. The majority of primiparous women (57%) came from nuclear households, whereas a minority (43%) came from mixed families. The majority of primiparous mothers (53%) were from nuclear households, whereas the remaining half (47%) came from mixed families.

In terms of income, 73% of mothers in the experimental group earned Rs 5000 or more per month, 20% earned between Rs 3000-5000, and 7% earned less than Rs 3000. 46% of moms in the control group earned between Rs.3000-5000, whereas 34% earned more than Rs.5000. Meanwhile, just 20% of mothers in the experimental group were Hindu. The experimental and control groups, respectively, had 67 percent and 87 percent Hindu individuals. On the other hand, Christian and Buddhist primi mothers (23 and 10%, respectively) were significantly less prevalent in the experimental group (10 and 3%, respectively) than in the control group (10 percent and 3 percent).

As evidenced by pre- and post-test assessments of low back pain in the experimental group, the vast majority of first mothers (47%) reported experiencing severe low back pain, while the remainder 43% reported experiencing moderate low back pain. The majority of mothers in the post-test group reported only moderate to severe low-back discomfort (81 percent of primiparous women) (30 percent of primiparous mothers). There was a difference in the levels of fetomaternal parameters in the experimental group before and after the testing.

The results indicate that 99 percent of the fetal heart rate range was normal prior to and following the test. When it comes to uterine contraction duration, all of the samples (98 percent) were within the normal range during the pretest. However, post-testing revealed that the majority (74%) of primiparae had uterine contraction lengths within the usual range.

During the pre-test, the control group revealed that over 80% of first mothers experienced moderate-to-severe low back pain, with another 20% experiencing mild-to-moderate pain; however, after the test, more than 70% of first mothers experienced severe-to-severe low back pain, with another 30% experiencing mild-to-moderate pain. The difference between the pre- and post-test values of fetal heart rate in the control group demonstrates that both pre- and post-test values (100 percent) were within normal limits. Pre- and post-test, around 97 percent of primiparous mothers had uterine contraction durations within normal ranges.

According to the data analysis, the post-test mean score for low back pain was 8 (standard deviation 0.547), which was lower than the pretest mean score of 10 (standard deviation 1), resulting in a paired 't' value of 11.12 (table value = 3.33) at the p0.05 significant level. The findings corroborate those of Jeyalakshmi S. (2008), who discovered that Jasmine oil massage alleviates low back discomfort in parturients at the Andhra Mahila Sabha in Chennai during the initial stage of labor. According to the study's findings, the post-test mean score for low back pain is 6.12, with a standard deviation of 0.491 and a paired 't' value of 17.433.

As a result, H1 was accepted: Following receipt of the test findings, the mean uterine contraction duration score was 65.6 seconds (with an 8.7-second standard deviation), compared to 59.03 seconds pretest (with a standard deviation of 5.5 seconds). At the p0.05 significance level, a significant difference in uterine contraction frequency was seen between pre- and post-test scores, as indicated by a post-test mean score of 2.719 (SD+0.496) and a paired 't' value of 8.909 (table value = 1.699). Due to the fact that other fetomaternal parameters such as fetal heart rate, systolic blood pressure, and diastolic blood pressure were measured prior to and following the testing, the mean of those mean values was used in both tests.

The findings corroborate those of Jeyalakshmi S. (2008), who conducted a study on the usefulness of Jasmine oil massage therapy for parturient mothers experiencing low back discomfort during the early stage of labor. The study's findings indicated that the mean and standard deviation of uterine contraction frequency intervals in the experimental group were significantly higher before therapy (4.21(SD+0.642)) than after therapy (3.46 (SD+ 0.501). Pre-treatment uterine contraction duration was 57.67(SD+6.045) minutes, but post-treatment uterine contraction duration was 71.83(SD+7.234) minutes. This shown that massage therapy improved the duration of

uterine contractions and lowered their frequency interval. Other fetomaternal indicators, such as fetal heart rate, mother's pulse rate, and blood pressure, were constant between pre- and post-therapy.
As a result, the research hypothesis H2: There is a substantial difference in the level of fetomaternal parameters between the pretest and posttest in the experimental group was approved.

When the data were analyzed, it was discovered that the post-test mean score for low back pain was 8(+/-0.547) SD lower than the pretest mean score, resulting in a paired 't' value of 11.12 (table value: 3.33 at the 0.05 level of significance). The findings corroborate prior research by Jeyalakshmi S. (2008), who discovered that jasmine oil therapy is useful for moms with low back discomfort during labor and delivery. The researchers discovered that post-test scores were higher, with a 't' paired difference of 6.08, indicating that the control group's post-test scores were greater than pretest levels.

Post-test mean values for fetal membranes, such as uterine contraction duration (53.55) and systolic and diastolic blood pressure, were lower in the experimental group than in the control group (116.3 and 74). The mean fetal heart rate pre- and post-test was 136.9 (SD+3.66), and increased by 3.43 (SD+0.75). The findings corroborate those of Jeyalakshmi S. (2008), who discovered that massage with olive oil alleviated low back pain in pregnant mothers during the earliest stage of labor. At baseline, the mean pulse rate of control group moms was 66.98 (SD+6.28), the mean duration of uterine contractions was 56.17 (SD+7.82), and the mean systolic pressure was 116.23 (SD+8.33), whereas the mean diastolic pressure was 76.93 (SD+3.44). Following treatment, the fetomaternal values returned to normal.

The study's findings indicated that the experimental group's mean post-test degree of low back pain was much less than that of the control group. The results indicated a significant difference in low back pain levels between the treatment and control groups, with a p0.05 level of significance. According to Khoda Karami, Safarzadeh (2006), who conducted a study to determine the effect of massage therapy on the intensity of labor pain, the study results are consistent. The study's findings indicate that at the start of the active phase, the experiment group's pain severity was considerably greater than that of the control group (p=0.009). In the midst of the transitional phase, the experiment group's pain severity remained substantially different from the control group's (p=0.014). However, during the concluding phases of the first stage, the experiment and control groups reported comparable degrees of discomfort (p=0.01). Additionally, the experimental and control groups differed in terms of the duration of the first stage of labor. The study's findings are likely to pave the way for the introduction of massage as a nonpharmacological pain-reduction approach during childbirth, thereby minimizing labor's suffering.

As a result, the research hypothesis is as follows: The post-test results for low back pain were approved, and they demonstrate a significant difference between the groups: the control group experienced much less low back pain post-test than the experimental group. The experimental group's post-test mean score for uterine contraction duration was 63.0 seconds (SD+8.7), while the control group's post-test mean score for uterine contraction duration was 57.5 seconds (SD+7.8). With a table value of 1.645, an independent 't' value of 7.422 (p-value less than 0.05 and significant difference in uterine contraction time between experimental and control groups) was discovered. After the post-test, the mean frequency of uterine contractions in the experimental group was 2.719 SD+0.496, while the mean in the control group was 2.039 SD+0.094. At a 0.05 level of significance, an independent 't' value of 4.963 for the control group indicates a statistically significant difference in uterine contraction frequency when compared to the experimental group. The study's two groups had comparable fetal heart rates, systolic blood pressures, and diastolic blood pressures.
The study's hypothesis is that the post-test values of fetomaternal parameters were significantly different between the experimental and control groups.

The majority of primi mothers (66.6 percent) reported an adequate degree of satisfaction; nevertheless, somewhat less than ten percent (33.3 percent) reported a satisfactory level of pleasure. The findings of a study conducted by Mei-Yueh Change (2002) on the efficacy of massage on pain and anxiety during labor corroborate those of this study. 32 of 36 participants (87 percent from the experimental group) indicated that the massage was beneficial in relieving discomfort and encouraging a positive mental attitude during labor.

The study's findings indicate that there is no significant association between low back pain levels and a variety of demographic variables, including age, education, domicile, family composition, income, and religion (p>0.05). Jeyalakshmi S. (2008) previously discovered that Jasmine oil massage therapy is equally beneficial as

earlier research in the early stages of labor. When demographic data were analyzed, it was observed that age, educational attainment, residential area, family type, family monthly income, and low back pain all had no significant association. As a result, H5 was rejected; there would be a high correlation between the experimental group's level of low back discomfort and the demographics they chose.

CONCLUSION

Physical pain is nearly universal for women who give birth. Developing intervention techniques for labor pain can be challenging for nurses, as they must evaluate a variety of circumstances. To determine the efficacy of jasmine oil massage on low back pain, this study recruited 100 subjects from five hospitals in Uttar Pradesh, with demographics representative of the state. According to data, the experimental group's low back discomfort and uterine contraction frequency are reduced, whereas the control group's uterine contraction duration is enhanced. Because the investigator believed it was critical to pay additional attention to low back pain assessment, he felt that standardized assessment tools were necessary when utilizing olive oil back massage as a nonpharmacologic treatment to assist in the reduction of low back pain during the first stage of labor.

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